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ABSTRACT

Two questions are explored related to the image of doctoral school psychology: (1) Why does doctoral school psychology not have parity with the specialties of clinical and counseling psychology? and (2) How could doctoral school psychologists market their skills such that school districts would hire them to do a greater variety of activities to promote educational and mental health in the schools. School psychologists have a tremendous array of skills that are underutilized as many constituents are not aware of them. In order to solve this image problem, school psychologists need to: (1) conduct marketing research with main constituencies such as parents of children with and without handicaps, school administrators, regular and special education teachers, secondary school students, and other mental health professionals; (2) regularly assess the quality of services; (3) be better at assessment; (4) divide specialist training into secondary and elementary school psychology; (5) offer stress reduction and referral services to teachers; (6) collaborate in designing and implementing school-wide programs that enhance school safety, regular education outcomes, and prosocial behavior on the part of children and adolescents. (JBJ)

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Chapter Fifteen

Listening to Our Clients: A Strategy for Making Psychology Indispensable in the Schools

Marla R. Brassard

The official theme of the 1995 Second Annual Trainers' Institute at the American Psychological Association's annual meeting was "Redefining the Doctoral Level Specialty of School Psychology for the Twenty-first Century." The unofficial theme became exploring two questions related to the image of doctoral school psychology: (a) why does doctoral school psychology not have parity with the specialties of clinical and counseling psychology? and (b) how could doctoral school psychologists market their skills such that school districts would hire them to do a greater variety of activities to promote educational and mental health in the schools and pay doctoral-level school psychologists so that they would be interested in doing this work?

An answer to the first question, suggested by participants, is that neither schools nor special education is perceived well. It is thus difficult to disentangle the image of school psychologists from the public's perception of schools and the special education enterprise with which school psychologists are associated. The second answer proposed was that most psychologists think of school psychologists, including doctoral school psychologists, as being non-doctoral personnel. This is indeed true. Since most are, all are often perceived to be. However, there is a high degree of overlap in the training between non-doctoral and doctoral school psychologists and if non-doctoral school psychologists had a good reputation, then doctoral school psychologists should benefit from this rather than having it held against them. So why do school psychologists not have the reputation that they would like, either at the specialist or non-doctoral level?

The second question came from our panel of two non-school psychologists practicing in the schools and two school psychologists practicing in roles not traditionally assigned to school psychologists. They strongly felt that schools needed well-trained doctoral psychologists to help them with problems like substance abuse, violence, hopelessness, child maltreatment, and the related psychological disorders that develop as a result of having to cope with these sorts of problems. It was clear from the data that Dan Reschly presented at the conference that individuals most likely to be trained in prevention programs and dealing with issues of violence and substance abuse were doctoral school psychologists, less than half of whom continue to work in school settings. Thus, the question became why do doctoral school psychologists choose to practice outside of school settings? Restriction to the roles of assessment and placement, lower status than in hospital or private practice, and lower salaries (in some places) than might be obtained

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elsewhere were posited as the reasons. From this discussion, it emerged that most participants thought that doctoral school psychologists had a tremendous array of skills, but nobody knew about them. As one participant put it, "How is it that we think we're so wonderful, but nobody else seems to agree?" The group then moved on to marketing as a key issue, let people know how wonderful we are and then people will like and respect us better.

Why do we have this image problem? If we think, as this group genuinely did that we are so wonderful, why do we have such an image problem with other psychologists? Do we also have an image problem with parents, school personnel, and the general public? To answer this question, I did very informal marketing research, asking people I know who work with school psychologists, doctoral and nondoctoral, about their experiences with and image of school psychologists. The sample, although small and unrepresentative, suggested some answers that I think are valid.

In terms of our reputation with other psychologists, I asked a close colleague who is a clinical psychologist training counseling and clinical psychologists, and another colleague who is a counseling psychologist who trains counseling and clinical psychologists and has a school related private practice, what they thought of school psychologists. One said that many clinical psychologists resent the fact that doctoral-level school psychologists want to practice in any setting that clinical psychologists traditionally practice in, such as hospitals, but are unwilling to let clinical psychologists practice in schools. He said there was a lot of resentment around the fact that when it came to taking a united stand against non-doctoral practitioners using the title *psychologist*, doctoral-level school psychologists could not be relied upon to hold ranks with the rest of professional psychology. In his experience, school psychologists at all levels are not well trained in diagnosing and treating a wide range of clinical problems; their expertise is in educational and learning problems and thus they are perceived as being different than the other two applied specialties.

Another colleague, who also has child training and has a private practice that focuses on children, said that school-based school psychologists are supposed to be assessment experts and, yet, they know very little about diagnosis other than learning disabilities and mental retardation and they rarely do any personality assessment. He feels his whole private practice is based upon the fact that he can do excellent personality assessment and that he knows how to diagnose attention deficit hyperactivity disorder (ADHD), mood, anxiety, and psychotic disorders. He feels that if school psychologists were truly competent at assessment, he would have a much more limited private practice. Thus, he sees school psychologists as individuals who competently obtain scores on cognitive tests, but who are limited in administering and interpreting tests that describe the whole person and provide useful diagnostic and treatment information.

I also asked two of my doctoral students, trained in a combined School and Counseling Psychology program, now interning in APA-approved non-school internships, what were the views of school psychologists held by other psychologists with whom they work. They both felt that the school internship, the assessment and special education training they had received made them much more competent at assessment and learning issues than the counseling and child clinical students who were working with them in the same settings. They felt respected and valued for that expertise. However, they reported that the psychological evaluations received from school psychologists in the public schools were seen as almost worthless by the professional staffs on which they worked. The staffs felts that they could count on the accuracy of the cognitive tests given, but that there was no information that would allow

them to really understand the child and they, therefore, had to do almost the entire evaluation over again in order to come up with a diagnosis and treatment recommendations that were useful.

I then questioned a friend of mine who is a parent of a handicapped child. She has five children, four of whom are doing extremely well in school and one of whom is mildly mentally retarded. My friend is having a very difficult time accepting her child's limitations. She has considerable anger at her school psychologist who informed her, quite accurately I believe, that the alternative treatment modalities that she has tried are worthless in terms of remediating her daughter's difficulties. She sees her school psychologist as a critic and an enemy who has labeled her daughter as mildly mentally retarded, who gives her no hope, and who is openly skeptical of the efforts that she is making to help her daughter. She would certainly not be an advocate for school psychological services should they be threatened in her district. What she would like is someone who would talk non-judgmentally about the research evidence for the various treatments that she wants to try because she is interested in that information. However, she would like to have someone with whom she could talk about her distress over her daughter's difficulties, the pressures she is placing on her daughter to measure up to her other children, and the sadness and despair she feels regarding her daughter's future. If she could see her school psychologist as a non-judgmental resource rather than a judge, her view of this individual might be very different.

Another colleague who is a reading teacher shared with me her experiences with school psychologists. Over the course of her 20-year career, only two of these individuals stood out in her mind. One was a school psychologist who defined his role exclusively in terms of assessment. She found him to be a peripheral figure at school who simply tested children, reported the scores, and offered no other information or advice or information that would help her or the teachers understand a particular student. The psychologist that replaced this individual was actually a clinical psychologist who was working as a school psychologist on a waiver while she finished up some extra course requirements. My colleague reported that she and the other teachers found this woman very useful even though she knew little about curricula, instruction, or learning problems. Although she was in their school two days per week, she made regular appearances in the teachers' room, was very interested in the other teachers and made them feel quite comfortable with her, was quite willing to discuss individual children, and often had insightful things to say regarding the children and their parents. Her comments and suggestions were practical and some teachers found themselves dropping by to seek personal assistance regarding a problem they felt personally was bothering them and interfering with their work. She would talk to them regarding these difficulties and made suggestions for further referral or other management of the problem.

Finally, I spoke to a colleague who is a vice principal of a large urban high school. He had mostly positive experiences with school psychologists who worked collaboratively with him on crisis intervention and offered a variety of intervention groups for the troubled teens in his school. His criticism of school psychologists in general was that they were not seen by teachers as offering them any useful service other than removing difficult children though special education placement. He said they were not involved in district-wide programs. Their involvement was at a micro level with a few troubled or handicapped children, not at a macro level that was of obvious benefit to all school staff and students. In his opinion, the long term survival of psychologists in school was dependent on serving the needs of all students and school personnel.

What do I make of this informal poll?

1. First, we need to *conduct marketing research with our main constituencies:* parents of handicapped children, parents of regular education children, school administrators, regular and special education teachers, secondary school students who use our services, and other mental health professions with whom we interact. This can be as simple as running a series of focus groups at our own district or as elaborate as having our national organization sponsor selected and representative focus groups around the country. We need detailed information about our image and about the perceived effectiveness of the services that we provide and this information needs to be collected regularly.
2. *Regularly assess the quality of services.* University faculty are quite used to having their courses evaluated and in that way, they receive feedback on a regular basis on what is effective and what is ineffective in that aspect of their training program. When first instituted this practice met with much resistance, but is now routine. Public schools do not solicit feedback from their clients. If we regularly requested a brief, anonymous evaluation of how our services are received by teachers, parents, administrators, and children 10 and older, we would not only have data to show to those who might question the value of our services, but we would be receiving regular feedback on their effectiveness which would allow us to improve. Encouraging our school district to engage in needs assessment and a fairly simply program evaluation would also be a means by which all school services could be evaluated and improved. Performing this role, once accepted, would provide a very valuable service for any district.
3. Odd as this may seem, *we need to be better at assessment.* All of our programs teach cognitive assessment, but not all of them teach how to obtain detailed information on cognitive and academic functioning that translates into useful curricular suggestions for regular and special educational staff. Many of our programs provide only superficial instruction in personality assessment; very few train students in how to develop an integrated analysis of personality, behavior, and intellectual abilities that provides a coherent picture of a person in context useful to the individual evaluated, their family, and the school staff.

Few programs discuss the dynamics of the assessment situation. This is not surprising as there is very little literature available on this topic. However, ignoring the interpersonal dynamics of this situation can lead to some of the problems mentioned by my friend with the mildly handicapped daughter. The assessment function, its labeling and gate-keeping role, can easily put school psychologists in the position as being seen as the expert and the judge who holds enormous power over the labeling and placement of a child. We become an easy focus for the hostility and despair of parents coping with a handicapped child or for a teacher unable to teach or control a child in his or her classroom. Ignoring the built in dynamics of assessment can make us defensive about our decision-making rather than attuned to its psychological impact on the parent and teacher involved. Focusing on dynamics would also assist students and practitioners in using their emotional reactions to clients as diagnostically useful information, help them avoid acting out towards clients when the psychologist's personal issues are triggered, and increase sensitivity to the responses to minority and immigrant students who may enter the assessment situation with different assumptions than mainstream students. Finally, in the

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assessment area, we need to offer recommendations that are really helpful to people—both small, practical suggestions such as enrolling an ADHD child in a martial arts training program to improve self-discipline, concentration, and self-esteem, and larger suggestions such as developing a more comprehensive and consistent school-and home-based program for the same disorder. Assessment information has to be perceived as being helpful to our all clients.

4. *Divide specialist training into secondary and elementary school psychology.* Perhaps it is time for us to accept the fact that being a school psychologist in an elementary school is a very different job from being a school psychologist in a secondary school. Preschool and elementary school psychologists do almost all of the initial diagnoses of children's learning problems and developmental disorders; they work collaboratively with teachers and other allied health professionals such as speech pathologists, occupational therapists, physical therapists, and nurses to diagnose and develop intervention programs for this population. Thus, preschool and elementary school psychologists need to have a great deal of knowledge about developmental disorders and low incidence handicaps; they need to be experts at the diagnosis of mental retardation, learning disabilities, specifically dyslexia, attention deficit/hyperactivity disorder, conduct disorder, and autism. In terms of intervention skills, they need to be very skilled in (a) consulting with parents and teachers (b) leading groups that offer support for parents of handicapped children and (c) teaching child management strategies and other psychoeducational content. At the secondary level, all developmental disabilities have been identified and most new diagnoses involves anxiety, mood, personality, or psychotic disorders. Skills in suicide assessment are particularly critical. Psychologists in secondary schools are much more likely to run psychoeducational and psychotherapeutic groups that address a variety of stress and mental health related conditions. They also need to be quite skilled at crisis intervention and short-term work with individuals and families. Skills in developing prevention and intervention programs that deal with school and community violence, substance abuse, and issues of sexuality are also very desirable. By specializing in one age group and its required competencies over another as opposed to trying to train people to perform all of these activities, we are much more likely to train professionals who will be widely respected and successful in their jobs. This is particularly true at the specialist level where there is so little time.
5. *Offer stress reduction and referral services to teachers.* There is one important group within the school to which we have rarely, if ever, directed our mental health services. This group is teachers. Teaching is often an enormously stressful job and teachers often feel put upon by students and parents, and unsupported by their administrators. Programs are needed to help teachers deal with the stress in their lives through school-wide stress reduction programs, teach them how to cope with difficult situations such as parent/teacher conferences or angry parents, and provide them with a confidential place to go for initial screening and referral should they begin to find the stress in their lives overwhelming. These actions would provide a welcome, if not indispensable service to the majority of school personnel

with whom we work. The drawbacks are that such services would take up already limited time and might lead to conflicts of interest.

6. *Collaborate in designing and implementing school-wide programs that enhance school safety, regular education outcomes, and prosocial behavior on the part of children and adolescents.* Being indispensable means helping administrators and teachers achieve their goals. These include high rates of graduation from high school; good achievement test scores; a reputation for safe, drug-free schools; and in some places, strong athletic programs. Addressing issues of dropout, school/community violence, vulnerability to drug use/abuse, and instructional practice have all been the focus of intense research and intervention by psychologists. If we listen to our clients we may be able to identify areas in which our expertise may assist schools in achieving the goals that they value.